

Recovery Strategy – current thinking

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Slides for discussion

14 May 2020

Note: Slide 9 'Recovery priorities' has been updated for v1.3 following discussion at Recovery Board and System Board on 20 May 2020

Setting our Recovery strategy

The SH ICS Recovery Board will set the approach to Restoration and Recovery of health and care on behalf of the System Board. Our approach to Restoration and Recovery will be guided by the following:

1. What have we stopped which needs to be stood up? **[Restoration]**
Critical and non-deferrable services which need to be restored
2. Review our existing strategic direction **[Recovery]**
Long term plan response, Health and Wellbeing Strategy, 7 transformation objectives – what do these look like in a post-C19 world? Do we need to reconsider and/or refocus?
3. What has/hasn't gone well? **[Recovery]**
Capturing the learning from the pandemic and our response, what valuable changes should be kept/embedded, what challenges have been created

Our approach goes beyond the national definition of 'recovery' by refocusing our strategy and transformation work.

The following slides set out current thinking as we develop our Recovery strategy. This will continue to be discussed and developed, overseen by the Recovery Board on behalf of System Board.

Reviewing our existing strategic priorities

COVID-19 has caused a fundamental shift for our citizens, patients and communities, our staff and our services. Our Recovery strategy will therefore start by reviewing our pre-crisis strategic priorities, largely captured in 3 places:

- ***SH ICS response to the NHS Long Term Plan***
- ***Surrey Health and Wellbeing Strategy***
- ***7 transformation objectives set in March 2020***

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Initial assessment

- High-level, 'short and sharp' review
- Inform initial assessment and overall direction
- Keep under review as evidence-base builds

Build data and evidence-base

- High quality information to inform decision-making will take time to build/gather
- Identify hotspots and surge planning (C19 and non-C19) using modelling and performance data

Broader engagement

- Initial review will rely on key stakeholders for speed
- This will rapidly need to expand to include broader input and buy in from across the ICS and other partners

Without prejudging this review, we expect that many of our strategic priorities will remain relevant, but our expectations around delivery are likely to have changed significantly. Examples range from the move towards a digital-first approach to levels of domestic violence.

In order to balance the need to move quickly and the importance of evidence-based strategic approach, we propose taking an iterative approach, identifying immediate priorities early but continuing to review our approach as we build the evidence base and broaden engagement.

'Healthy Surrey' and 2030 vision still the goal

COMMUNITY VISION FOR SURREY IN 2030

By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.

We want our county's economy to be strong, vibrant and successful and Surrey to be a great place to live, work and learn. A place that capitalises on its location and natural assets, and where communities feel supported and people are able to support each other.

*"By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and **no one is left behind.**"*

The Surrey 2030 vision aim is for no-one to be left behind. This means addressing **quality of life, inequality of opportunity and life expectancy** of all our citizens.

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OUR AMBITIONS FOR PEOPLE ARE:

- Children and young people are safe and feel safe and confident
- Everyone benefits from education, skills and employment opportunities that help them succeed in life
- Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing

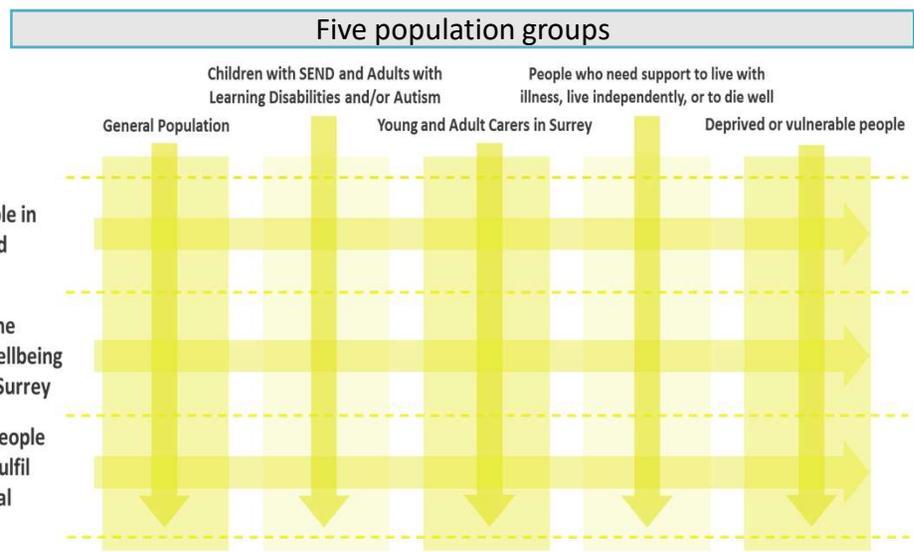
OUR AMBITIONS FOR OUR PLACE ARE:

- Residents live in clean, safe and green communities, where people and organisations embrace their sense of moral responsibility
- Journeys across the county are easier, more accessible and safer
- Everyone gets the health and social care support and information they need at the right time and place
- Communities are welcoming and support their residents, especially of those most in need, and people feel able to contribute to community life
- Everyone has a place they can call home, with appropriate housing for all
- Businesses in Surrey thrive
- Well connected communities, with effective infrastructure, that grow sustainably

The 'Healthy Surrey' Health and Wellbeing strategy is a key part of the Surrey 2030 vision and sets out three overarching priorities, applied across five population groups.

Our response to the NHS Long Term Plan is set in the context of the Healthy Surrey 10 year strategy.

Three priorities



‘Healthy Surrey’ and 2030 vision still the goal



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The aims of both Healthy Surrey and the wider Surrey 2030 vision still resonate as we begin to recovery from COVID-19.

Our Recovery strategy will describe how we implement those fundamental aims across our population groups in a different environment.

Three HWB priorities

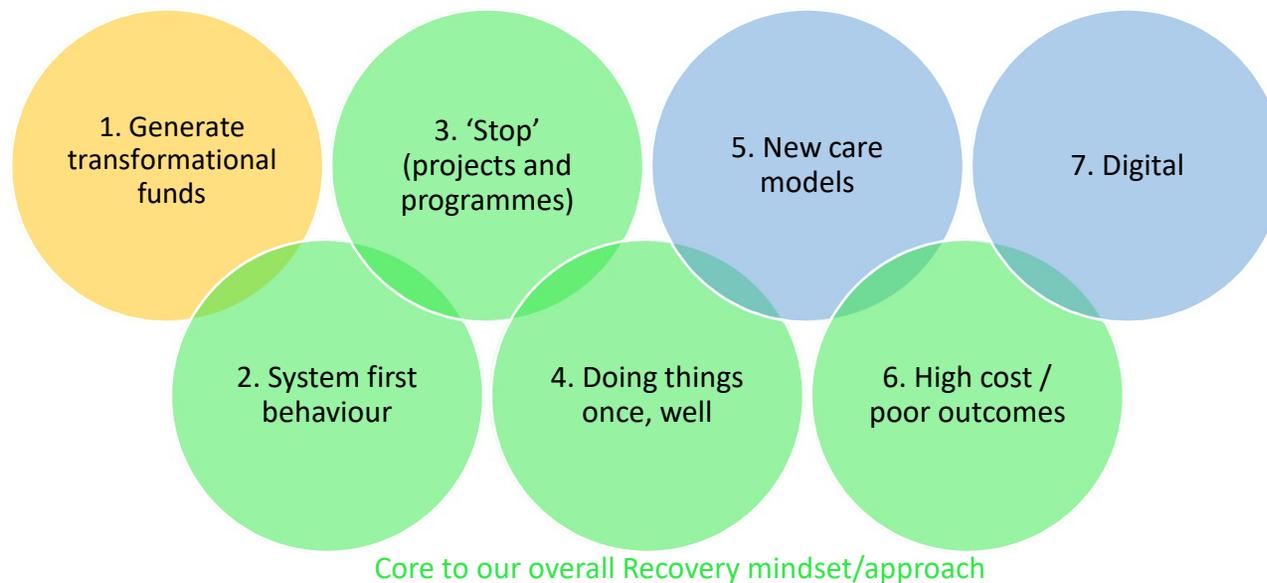
Leading healthy lives	Empowering our citizens to lead healthier lives. This includes individual lifestyle factors, but also considers built environments and how that impacts on health. This priority area is entirely focused on prevention, and about creating healthy and proactive people who take ownership of their health.
Having good mental health and emotional wellbeing	Enabling the emotional wellbeing of our citizens by focusing on preventing poor mental health and supporting those with mental health needs. Empowering people to seek out support where required to prevent further escalation of need, but this priority is also about creating communities and environments that support good mental health.
Fulfilling potential	Enabling our citizens to generate aspirations and fulfil their potential by helping them to develop the necessary skills needed to succeed in life. This is not only related to academic success, but also to wider skills and involvement in communities. Healthy lifestyles and emotional wellbeing are fundamental to fulfilling potential - this priority builds on this by empowering citizens locally.

7 transformational objectives in the context of recovery

- Our 7 transformational objectives impact our recovery strategy in different ways
- New care models and Digital are core to the way we recover
- System First, Stop, Doing things one and High cost/poor outcomes determine the mindset we take in recovery activity
- Slide 9 illustrates how these objectives map onto our emerging recovery priorities

Continuing importance for the ICS but not core to the Recovery strategy

Core to ensuring that we recover to better than before



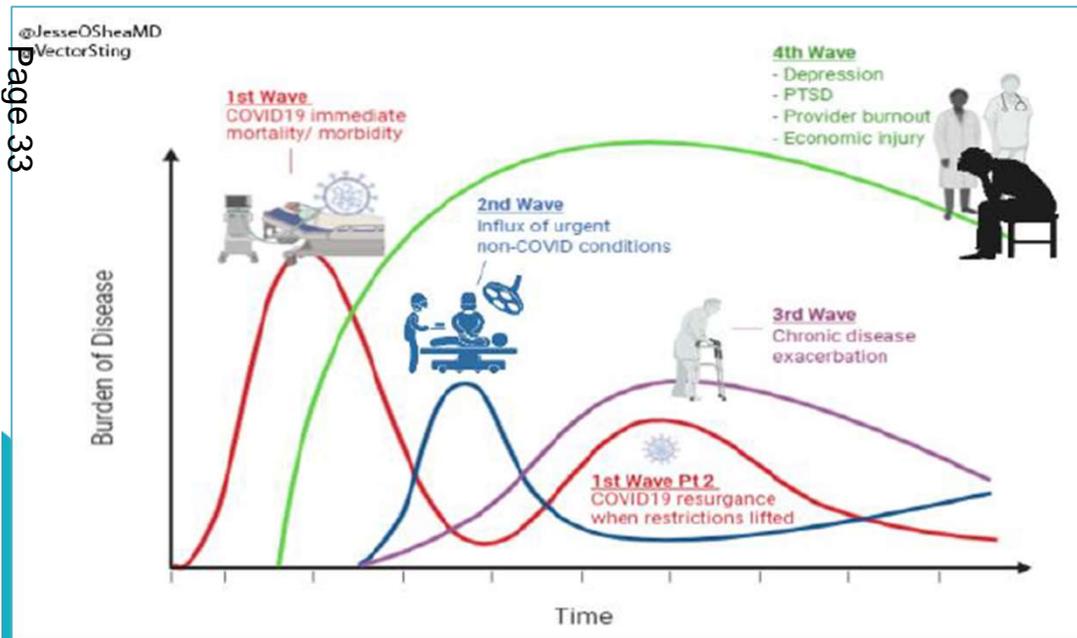
Key issues/unknowns to be considered through recovery

1. Identify 'hidden' at risk or deteriorating groups

Reduced services across health and care will lead to increased need and risk for certain patient and citizen groups. Some will be harder to identify and support, e.g. due to reductions in social care referrals, or citizens/patients not accessing services due to concerns about infection.

2. Pattern of C19 infections after the initial peak

There is a high degree of uncertainty about the course the pandemic could take after the initial peak. How we plan our support for our population through each potential scenario will be different to planning for just one initial peak.



3. Surges in non-C19 conditions

Including demand for other urgent conditions, LTCs, social care and mental health services (see chart).

4. Other issues and risks (not comprehensive)

- Increase alternative non-C19 capacity at scale if pandemic continues longer than expected
- Impact on staff who may be deeply affected by their experience in treating C19 patients
- Availability of quality information to support decisions
- Developing radical plans to address backlogs
- Engagement of citizens in self-care
- Building on the new "social contract" between citizens, NHS volunteers and Social care
- Standing plan/contingency to rapidly respond to future outbreaks

Principles and ways of working

- Our citizens, patients, communities and staff will be at the centre of our recovery efforts. We will be ambitious in keeping and developing radical transformations that deliver better outcomes.
- We act as 'One Surrey', acting with a 'system first' mindset, doing things once, well and stopping (or not restarting) low value-add activity.
- We will design and adhere to agreed principles for our future health and care system that ensure we optimise the valuable resources we are accountable for, for the immediate and medium term benefits of our citizens.
- We act decisively, adopt agile principles of working, evaluate and iterate as we design and deliver, and communicate to empower and drive momentum. The wellbeing of our staff is key to our recovery effort.
- We focus disproportionately on areas of inequality, including those arising from COVID-19.
- We take a population health approach to our recovery, using our data to ensure that our efforts and resources are directed to where the greatest improvement in population health outcomes will happen, including deprived communities
- We recognise that we do not need to do everything together but we are committed to avoiding duplication while ensuring that our recovery makes sense for the communities we serve. Our organisations, sectors or places will undertake local recovery activities consistent with our shared ICS approach
- We work in partnership, collaborating together and sharing information early.

Recovery priorities

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What will we do?*

How will we measure success?*

Meeting citizen and patient need			Addressing new priorities		Reset to a new service model ⁵	
Restoration	Interdependence of health and care	Surge plans (C19 and other)	Hidden harm	Emotional wellbeing (staff and citizen)	Develop (build from)	Transform (re-envision)
<ul style="list-style-type: none"> Identify and stand up critical services Quantify diagnostics and elective backlog Propose ICS-wide approach for key common challenges 	<ul style="list-style-type: none"> Enhanced home care framework Home first D2A model, Medically fit for discharge Care home bed capacity New model for working with patients OOH and care homes 	<ul style="list-style-type: none"> Maintain infrastructure for future C19 surges, with new model learning from 1st peak Planning for non-C19 peaks: urgent care, LTCs, mental health, etc. Identify at risk services and plan for mitigation Longer term approach to testing and PPE 	<ul style="list-style-type: none"> Identify groups at risk from 'hidden' harm or deterioration Develop and deploy service offer Resume/step up prevention and screening 	<ul style="list-style-type: none"> Identify support needs for staff arising from pandemic Post C19 support for staff and communities 	<ul style="list-style-type: none"> Capture, catalogue and evaluate learnings and innovations made Develop, standardise and embed Rapid re-validation and accelerate existing, value add plans 	<ul style="list-style-type: none"> Capture and validate citizen and workforce behavioural and expectation shifts. Accelerate design and delivery priority programmes against clear benefits criteria Deliver estates ¹ strategy and release funding
<ul style="list-style-type: none"> Minimised morbidity and mortality from non-C19 causes Enabler, not a barrier, to new ways of working 	<ul style="list-style-type: none"> Improved outcomes and experience for those in care settings Better use of our collective resources 	<ul style="list-style-type: none"> Resilience to deal with C19 and non-C19 demand Minimised morbidity and mortality 	<ul style="list-style-type: none"> Citizens at risk are identified and supported 	<ul style="list-style-type: none"> Staff and citizens are able to recover from the pandemic and lockdown 	<ul style="list-style-type: none"> Innovations are retained and generalised Models of care which deliver better outcomes and citizen experience, sustainably 	<ul style="list-style-type: none"> Services and support re/designed system-wide in response to citizen experience, need and workforce ambition Models of care which deliver better outcomes and citizen experience, sustainably
<p>⁴ ICS development & architecture - Do it once, Stop low value activity (inc. high cost/poor outcome), System First. Role of ICS, ICPs and PCNs</p>						
<p>Social contract with communities - Staff and citizen behaviour change, Comms</p>						
<p>⁷ Digital</p>						

*objectives and success measures are indicative and for development

⁷ Transformational objectives mapped onto recovery priorities

Appendix – extract from emerging national NHS approach

- Emerging NHS national approach sets out 7 tests for recovery ('phase 3')
- Our SH ICS recovery priorities (see slide 9) are informed by the NHS national approach but reflect the wider ambitions of our recovery approach, including a greater and more explicit emphasis on non-NHS services and transformational priorities.

Meet patient needs			Address new priorities		Re-set to a new NHS	
Covid treatment capacity	Non-covid urgent care, cancer, screening and immunisations	Elective care	Public and mental health burden of pandemic response	Staff wellbeing and numbers	Primary and community care and innovation in models of care	New NHS landscape
Maintain the critical care infrastructure to sustain readiness for future Covid demand, including covid-non-covid separation	Identify the highest risk services; act now to minimise the risks as much as possible; develop plan for mitigating post-pandemic	Quantify the backlog; act now to slow growth in backlog as much as possible; develop the plan for clearing over time	Identify the highest risk services; act now to minimise the risks as much as possible; develop plan for mitigating post-pandemic; align with LTP	Catalogue the interventions now in place; identify additional actions now to support staff; develop the plan for recovery	Catalogue the innovations made; determine those to be retained; evaluate; plan for widespread adoption post pandemic	Catalogue the service and governance changes already made and which can still be made or accelerated; define ICS role
Examples:	Examples:	Examples:	Examples:	Examples:	Examples:	Examples:
Beds, equipment, supply chain, estate, workforce	Unexplained reduction in CVD presentations; reduced cancer diagnoses, low uptake of screening and imms	52 WW increases; RTT backlog; potential use of additional estate to diagnoses/treat; accelerate outpatients reform	Addressing health inequalities, mental illness, domestic violence; harness positives such as greater air quality, vaccination acceptance	Staff support offer; delivering workforce manifesto commitments, maintaining flexible working, and the focus on addressing workplace inequalities	Model for primary and community care; changes to discharge arrangements; lower UEC demand	Focus of ICPs and ICSs, future service configuration, financial architecture, link with local authorities, regulatory and oversight framework
Securing long term capacity						